TOTAL

OR

ADD'L FEE

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875 OTHER THAN CLAIMS AS FILED - PART I SMALL ENTITY OR SMALL ENTITY (Column 2) (Column 1) FEE RATE FEE RATE NUMBER FILED NUMBER EXTRA s 300 :150 EASIC FEE (37 CFR 1.16(a)) Oß x s 50 = x s<u>25</u> = TOTAL CLARAS Ois minus 20 = (37 CFR 1.16(c)) x s_200= INDEPENDENT CLAIMS OR x \$ 100 = minus 3 = (37, CFR 1.16(b)) . The contract of +5360= - 127 - 137 A 7.3. N OR + \$ (80)= MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d)) OR TOTAL TOTAL " If the difference in column 1 is less than zero, enter "0" in column 2. CLAIMS AS AMENDED - PART II OTHER THAN OiR SMALL ENTITY SMALL ENTITY (Column 3) (Column 1) HIGHEST ADDI-CLAIMS RATE -IDDA PRESENT RATE NUMBER TIONAL FEE REMAINING **EXTRA** TIONAL PREVIOUSLY AMENDMENT AFTER FEE PAID FOR AMENDMENT x s**≪**2 = Minus x s 25 = Total OR x s 200 = x s 100 = Independent (37 CFR 1,16(b)) Minus OR OR : (پوپلار ۽ + + 5 180 = FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d)) TOTAL TOTAL OR ADD'L FEE ADD'L FEE (Column 3) (Column 2) (Column 1) HIGHEST RATE ADDI-CLAIMS ADDI-PRESENT RATE NUMBER TIONAL -REMAINING TIONAL **EXTRA** PREVIOUSLY FEE AFTER NDMENT FEE PAID FOR AMENDMENT Minus 0 x 550_= x s25_= OR Total (37 CFR 1.16(c)) x s 200= Minus Independent (37 CFR 1,16(b)) x s_100 = OR AMEN + 5 360 OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1,16(d)) + s_180 = TOTAL TOTAL OR ADD'L FEE ADD'L FEE (Column 3) (Column 2) (Column 1) HIGHEST ADDI-RATE CLAIMS RATE ADDI-PRESENT NUMBER TIONAL REMAINING TIONAL **EXTRA** PREVIOUSLY FEE AFTER AMENDMENT FEE PAID FOR AMENDMENT x s **5**0 = Minus x s 25 = Total (37 CFR 1,16(c)) OR Minus x s 100 = OR 536D= FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1,16(d)) + s 180 :

If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

" If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20"

"If the "Highest Number Previously Paid For IN THIS SPACE is less than 3, enter "3".

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1. This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this hurden, should be sent to the Chief Information Officer, U.S. Patent and Iradanank Office, U.S. Department of Commerce, P.O. Box, 1459, Alexandria, VA 22313-1450, DO NOT SELD FEES OR COMPLETED FORMS TO THIS-ADDRESS, SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

TOTAL

ADD'L FEE

FATENT APPLICATION FEE DETERMINATION RECOR							Application or Docket Number						
Effective January 1, 2003							672590						
CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY OTHER THAN TYPE OR SMALL ENTITY					
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FOR		HUMBER FILED		BARGER OTTRA		24.5	BASIC FEE 375.00		l _{on}	MSIC FEE	750.00		
TOTAL CHARGEABLE CLAIMS		6 minus 20.		• 0		×	X\$ 8-			X318-			
INDEPENDENT CLAIMS		· Caunim / ·		9		X42-		1-		X84:			
MULTIPLE DEPE	RESENT						-	OR		-			
of the difference in column 1 is less than zero, enter "O" in column 2							+140=		OR	+260=			
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7	• 3	Virus	-	3	•	Xe	_	•		XB4.			
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM									OR				
.1 1									OA	+260=			
4/2 1/05 (Cohumn 1) (Cohumn 2) (Cohumn 3)							FEE	-	[OA	ADDIT. PEE			
	REMANDIS		HUZH	143	PRESENT			ADDI-	1		ADDI-		
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3	.3	Mênça	- ,3		•	X42			8 8	X24e			
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM									SK.				
11-8) '					+140=		OR	+280-				
, ,	(Cotumn 1)		-			ACOST.			OR	DOT FEE	•		
U	CONS REMARKS		(Colum Right	51	(Column 3)	_	-	ADDI-					
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Independent	.3	Minus	13		-			(0)	OR	X518-			
FIRST PRESE	LTIPLE DEPENDENT CLAIM				X42	4		OR	X84-				
With early to column 1 to less than the entry to column 2, write "O" to column 3.							•		OR	4280m			
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